## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 12, 2004 8:00 am Secretary of State **DOCUMENT # P01000059492** 04-12-2004 90292 021 \*\*\*150 00 CLEANCO OF KISSIMMEE, INC. Principal Place of Business Mailing Address 44027580 2248 WYNDAM WAY 2248 WYNDAM WAY KISSIMMEE, FL 34743 KISS!MMEE, FL 34743 2. Principal Place of Business 3. Mailing Address 2571 SUMMERL Suite, Apt. #, etc. Suite, Apt. #, etc. 04062004 CR2E034 (10/03) Cha-P City & State City & State 4. FEI Number Applied For KISSIMMEE 59-3726734 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Osceal Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIERRA MANUEL A. SIERRA, MANUEL A Street Address (P.O. Box Number is Not Acceptable) 2248 WYNDAM WAY KISSIMMEE, FL 34743 2571 Zip Code 34246 KISSIMMEE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered ager SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signsture, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD SIETTA, MANUELA Change . Addition TITLE Delete THEE NAME SIERRA, MANUEL A NAME 2571 SUMMERLAND Way 2248 WYNDAM WAY STREET ADDRESS STREET ADDRESS KISSIMMEE, FL 34743 CITY-ST-ZIP Kissimmee FL 34746 CiTY-ST-ZiP TITLE Delete M Change Addition DeJesus. Amalia DE JESUS, AMALIA NAME NAME 2571 SUMMERLAND Way 2248 WYNDAM WAY STREET ADDRESS STREET ADORESS 34746 CiTY-ST-ZiP KISSIMMEE, FL 34743 CITY+ST-ZIP 1 Delete Change [7] Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-2i2 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete Change ☐ Addition TIME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE **SMAN** NAME STREET ADDRESS STREET ADDRESS CITY-S1-7iP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Date

Dayume Phone #

**FILED**